

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	11/479,437
	Filing Date	June 30, 2006
	First Named Inventor	Allen et al.
	Art Unit	1637
	Examiner Name	Babic, Christopher M.
	Attorney Docket Number	55325-8148.US11

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

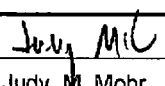
The reasons for this request are: The client has requested that this case be transferred to the Assignee

### CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☐ Change the correspondence address and direct all future correspondence to:

☒ The address associated with Customer Number:

OR

<input type="checkbox"/>	Firm or Individual Name				
Address					
City		State		Zip	
Country					
Telephone			Email		
Signature					
Name	Judy. M. Mohr	Registration No.	38,563		
Date	May 1, 2006	Telephone No.	650-838-4402		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date or time period for response or possible extension period, the request to withdraw is normally disapproved.